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Case Report

ROLE OF SHODHANA AND SANSHAMANA CHIKITSA IN ASRIGDARA: A CASE STUDY

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ABSTRACT

A married female patient of 31 years attended the OPD with the complaint of increased duration of menstruation associated with excessive flow. She gave history of medication (Hormonal therapy) twice for three consecutive months. But, patient was not satisfied by the treatment as no symptomatic relief was attained and it was affecting her daily routine. With the aim to minimize the cyclic blood loss and regularize the cycle, the *Shodhana chikitsa* (detoxification) i. e. *Virechana karma* and *Shamana chikitsa* (palliative treatment) with *Pushyanuga churna*, *Lodhra churna*, *Chanderprabhavati*, *Punarnava mandoor* and *Ashokarishta* was advised to the patient for three consecutive cycles. This therapy, helped to cure the heavy flow during menses and regularize the cycle. But to establish this fact, further study of longer duration and on larger sample is required.

KEYWORDS: *Shodhana chikitsa*, *Shamana chikitsa*, *Pushyanuga churna*, *Lodhra churna*, *Chanderprabhavati*, *Punarnava mandoor*, *Ashokarishta*.

INTRODUCTION

The physiology of reproductive system of woman is different from her male partner to a greater extent as she has to punctuate many functions like achievement of conception, child birth etc. These physiological changes make her prone to pathological disorders. Menstruation is a normal physiological phenomenon the onset of which makes a girl, women by giving the power to be a mother. During active reproductive period, menstruation occurs at interval of 28 days, duration varies from 3 to 5 days and total loss of blood is 50 to 60ml with an average of 35ml. Change in normal volume and duration of menstrual bleeding is commonest cause of deterioration of women's health. That's why reproductive health is as important as other aspects of health. In Ayurvedic texts, excessive and/or irregular menstrual bleeding per vaginum has been described mainly under *Asrigdara*. It refers to all types of irregular and abnormal uterine bleeding, however, on the basis of pathogenesis it is nearer to Menorrhagia.

¹In Modern medicine, the first line of management is the conservative treatment (Hormonal therapy), which reduces menstrual blood loss by only 50% and upto 50% of patients

undergo surgical intervention within five years. But none of the treatments proved its definite efficacy inspite of high price and side effects. This condition presents a major financial burden in the health care services. (Herve Fernandez et al-2003).

CASE REPORT

A married female patient of 31 years attended the OPD of Prasuti Tantra and Stri-Roga at Choudhary Brahm Prakash Ayurved Charak Sansathan, Khera Dabur, New Delhi with the complaint of increased duration of menstruation associated with heavy flow which affected her daily routine. Patient gave history of medication (Hormonal therapy) twice for three consecutive cycles. But, the patient was not satisfied by the treatment as the the symptomatic relief was not attained which was affecting her daily routine during menstrual cycle. On enquiry, she told that duration of menses was 8 to 10 days at regular interval of 28 to 30 days, amount was 3to 4 pads (fully soaked) /day with clots for initial 5 days followed by 2 pads/day, pain was mild in lower abdomen which was radiating to low back and not

associated with foul smell. Patient gave history of Diagnostic and Therapeutic Dilatation and Curettage three months back. There was no relevant past history of hypertension, thyroid disorder, diabetes mellitus etc. or any surgical intervention.

On examination

Per abdomen- on palpation -soft, non-tender, no organomegaly

Chest, CVS-NAD

Gynaecological examination:

1. On Inspection

Vulva-normal and healthy and on straining, no genital prolapse was observed.

Per speculum Vaginal examination:

- vaginal walls -normal
- White discharges -nil
- cervix- appearance-Normal
- mildly hypertrophied

2. On Palpation

a) Per Vaginal Digital examination:

- No labial swelling detected
- No abnormality detected on palpation of vaginal walls
- Cervix-firm in consistency, mobile, tenderness absent.

b) Bimanual examination:

- Uterus-anteverted, freely mobile, normal in size, firm in consistency
- Bilateral Fornices -free, non tender

After thorough check- up, patient was advised admission in IPD and the following investigations was done and under mentioned treatment was given:

INVESTIGATIONS

1. Haemoglobin-9.8gm%
2. TLC-8,100/mm³
3. DLC-N₅₉L₃₈E₀₂M₀₁B₀
4. ESR-18mm fall
5. 5Platelet count-1.80lakhs
6. BT-2.05 min
7. CT-5.40 min
8. FBS-100mg/dl
9. TFT-Normal
10. Urine (Routine and Microscopic)-P. c. -0-1/hpf, E. c. -0-1/hpf
11. Ultrasonography (Pelvis) - Normal study (Uterus -76x55x33mm, anteverted, normal size and Endometrial thickness-7mm, right

ovary measures 23x15mm and left ovary measures 24x14mm)

TREATMENT

1. Shodhana chikitsa (Detoxification)

- *Snehna* and *Swedana* followed by *Virechana* karma

2. Shamana chikitsa (Palliative management)

-*Pushyanuga churna*- 3gm and *Lodhra choorna*-3gm with *Doorva swarsa* twice in a day

-*Chanderprabha vati*-250 mg twice in a day

-*Punarnava Mandoor*-250 mg twice in a day

-*Ashokarishta*-40ml BD with equal amount of water after meals twice in a day

The main aim of the treatment was to minimize the cyclic blood loss with regularization of cycle and to improve the general condition of the patient. So, the treatment was planned as *Nidana parivarjana*, *Shodhana chikitsa* (Detoxification) and *Shamana chikitsa* (Palliative Treatment).

After *Virechana Karma*, the Palliative treatment was given for consecutive three months with follow up advice every fortnightly in a month.

Patient was keenly observed for a period of six months with follow up every month. The duration of menstrual cycle was reduced from 8-10 days to 4-5 days without clots and she remained fully asymptomatic with regular menstrual cycle during this period.

DISCUSSION

Ayurvedic management is a good alternative to Hormonal therapy as it has no side effects with minimal recurrence rate. Once, *Shodhana* is done there is less chance of recurrence of the disease. As, vitiation of *Pitta dosha* is there in *Raktapradra* so, *Virechana karma* was advocated according to the general condition of the patient. Moreover, Kashyapa has quoted that purgation cures menstrual bleeding². *Snehna* (oleation) and *Swedana* (sudation) will help to change the cell permeability leading to expulsion of toxin material to outside the cell, which are membrane bound and toxins will come into circulation. *Virechana* drugs cause irritation of intestinal mucosa and does vasodilatation. Toxins which are present in gut lumen along with secretion of electrolyte and fluid from crypt of leperkuhn in distal lumen and colon will be expelled out through route ³. Detoxification will leads to the

better absorption of the drug through gut. Drugs present in *Pushyanuga* compound acts as uterine tonic, menstrual regulator and astringent i. e. vasoconstrictive in action⁴. *Lodhra* due to its glycosidic content 3-monoglucuronoside of 7-methyl leucopelagonidin which is highly astringent reported to exert vasoconstrictive action. It has also shown anti-fibrinolytic activity. Ethanolic extract from bark acts as analgesic, anti-inflammatory and antioxidant. ⁵ *Chanderprabhavati* has tonic effect on uterus. It restores uterine function, has antimicrobial effect, useful in burning sensation associated with abdominal pain⁶. *Punarnava Mandoor* acts as hematinic and helps to restore the general condition of the patient. *Ashokarishta* tones up uterine musculature and regularizes menstrual flow. *Ashoka* bark contains phenol glycoside which has direct effect on uterine musculature. It stimulates both endometrium and ovarian tissue. It decreases blood flow and tones up the endometrial vascularity and thus, checks excessive bleeding.⁷

CONCLUSION

Thus, conservative management through Ayurveda is a better alternative to hormonal therapy.

Moreover, it has no side effects and cures the disease with minimal recurrence rate. But to establish this fact, further study of longer duration and on larger sample is required.

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